

**Fairfax County Government**  
**Health, Vision and Dental Insurance Premiums for Employees**  
**January 1, 2013 - December 31, 2013**

	FULL TIME PREMIUMS					PART TIME PREMIUMS			
	Total Monthly Premium Cost	County Monthly Share	Employee Monthly Share	Employee per pay period Deduction (26 wks)		Total Monthly Premium Cost	County Monthly Share	Employee Monthly Share	Employee per pay period Deduction (26 wks)
<b>CIGNA OAP High</b>									
Individual	\$671.25	\$570.56	\$100.70	\$46.48		\$671.25	\$285.28	\$385.97	\$178.14
2 Party	\$1,308.96	\$981.72	\$327.24	\$151.03		\$1,308.96	\$490.87	\$818.09	\$377.58
Family	\$1,953.27	\$1,464.95	\$488.32	\$225.38		\$1,953.27	\$732.48	\$1,220.79	\$563.44
<b>CareFirst POS</b>									
Individual	\$574.53	\$488.35	\$86.18	\$39.78		\$574.53	\$244.18	\$330.35	\$152.47
2 Party	\$1,129.07	\$846.80	\$282.27	\$130.28		\$1,129.07	\$423.40	\$705.67	\$325.69
Family	\$1,660.51	\$1,245.37	\$415.13	\$191.60		\$1,660.51	\$622.69	\$1,037.82	\$478.99
<b>Kaiser Permanente HMO</b>									
Individual	\$532.10	\$452.29	\$79.81	\$36.84		\$532.10	\$226.15	\$305.95	\$141.21
2 Party	\$1,036.95	\$777.71	\$259.24	\$119.65		\$1,036.95	\$388.85	\$648.09	\$299.12
Family	\$1,542.75	\$1,157.06	\$385.69	\$178.01		\$1,542.75	\$578.53	\$964.22	\$445.02
<b>CIGNA OAP Low</b>									
Individual	\$439.37	\$373.47	\$65.91	\$30.42		\$439.37	\$186.74	\$252.64	\$116.60
2 Party	\$856.78	\$642.59	\$214.19	\$98.86		\$856.78	\$321.30	\$535.48	\$247.14
Family	\$1,278.59	\$958.94	\$319.64	\$147.53		\$1,278.59	\$479.47	\$799.12	\$368.82
<b>DELTA DENTAL</b>									
Individual	\$38.24	\$19.12	\$19.12	\$8.82		\$38.24	\$9.56	\$28.68	\$13.24
2 Party	\$72.26	\$36.13	\$36.13	\$16.68		\$72.26	\$18.07	\$54.19	\$25.01
Family	\$119.10	\$59.55	\$59.55	\$27.48		\$119.10	\$29.78	\$89.32	\$41.22